MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DER.	IND.	DER.	IND.	DER.
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		1		1			54							
5		4		1			55							
6		4		1			56							
7		4		1			57							
8		0					58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←	7	←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS			8				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)